

Bureau of Health Care Quality and Compliance

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS5460AGC | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 02/10/2011 |
| NAME OF PROVIDER OR SUPPLIER GOLDEN SUNSHINE HOME | | STREET ADDRESS, CITY, STATE, ZIP CODE 8333 JEREMIAH LODGE AVE LAS VEGAS, NV 89131 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
| Y 000 | Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of a required grading re-survey conducted in your facility on 2/10/11. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility received a re-survey grade of A. The facility is licensed for 10 Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was seven. One resident file was reviewed and one employee file was reviewed. The following deficiencies were identified: | Y 000 | | |
| Y 072 SS=D | 449.196(3)(a-c) Qualifications of Caregiver-Med Training NAC 449.196 3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver must: (a) Before assisting a resident in the administration of a medication, receive the training required pursuant to paragraph (e) of subsection 6 of NRS 449.037, which must include at least 16 hours of training in the management of medication consisting of not less than 12 hours of classroom training and not less than 4 hours of | Y 072 | | |

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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| Y 103 | <p>Continued From page 2</p> <p>NAC 449.200</p> <p>1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.</p> <p>This Regulation is not met as evidenced by: Based on record review on 2/10/11, the facility failed to ensure 1 of 5 employees complied with NAC 441A.375 regarding tuberculosis (TB) testing for the protection of all residents (Employee #5- had not completed a 2 step TB test).</p> <p>This was a repeat deficiency from the 10/20/09 and 11/8/10 State Licensure survey.</p> <p>Severity: 2 Scope: 1</p> | Y 103 | | | |

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